

Atty Docket No. 015280-315100US

PTO FAX NO.: 703-746-3142

ATTENTION: Examiner Ungar, Susan
TELEPHONE NO.: 703-305-2181

Group Art Unit 1642

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Ungar, Susan

CERTIFICATION OF FACSIMILE TRANSMISSION

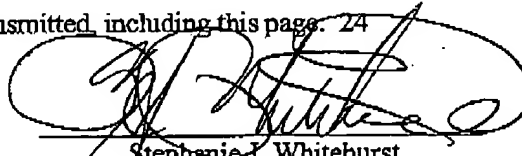
I hereby certify that the following document(s) in re Application of CHANDRASEKHARAPPA et al., Application No. 09/380,337, filed March 6, 2000 for MENI, THE GENE ASSOCIATED WITH MULTIPLE ENDOCRINE NEOPLASIA TYPE 1, MENIN POLYPEPTIDES AND USES THEREOF is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. COPY of Postcard (dated 6/19, 2002)
2. COPY of Fee Transmittal Sheet PTO SB/17 (6/19/02)
3. COPY of Transmittal Form PTO SB/22 (6/19/02)
4. COPY of Amendment (filed 6/19/02)

Number of pages being transmitted, including this page: 24

Dated: July 18, 2002


Stephanie J. Whitehurst

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SP 1366735 v1

FILING ACK WLEDGMENT: TO THE U.S. PATENT AND TRADEMARK OFFICE

Mailing Date: 6/19/02

Application No. 09/380,337

File No.: 015280-315100US

Attorney: JML:md

Inventors: Chandrasekharappa

Title: MEN1, THE GENE ASSOCIATED WITH MULTIPLE ENDOCRINE
NEOPLASIA TYPE 1, MENIN POLYPEPTIDES AND USES THEREOF

COPY

TRANSMITTAL FORM SB/21 WITH:

Fec Transmittal SB/17 authorizing payment of \$920 for 3-mo. extension (in duplicate);
Amendment (20 pages)

Please stamp the date of receipt of the enclosed documents and return this card to addressee.

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PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

| | |
|----------------------|-------------------|
| Application Number | 09/380,337 |
| Filing Date | March 6, 2000 |
| First Named Inventor | Chandrasekharappa |
| Examiner Name | Hunt, Jennifer |
| Group Art Unit | 1642 |
| Attorney Docket No. | 015280-315100US |

TOTAL AMOUNT OF PAYMENT (\$) 920**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number

20-1430

Deposit
Account
NameTownsend and Townsend and
Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 101 | 740 | 201 | 370 | Utility filing fee | |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 510 | 207 | 255 | Plant filing fee | |
| 108 | 740 | 208 | 370 | Reissue filing fee | |
| 114 | 160 | 214 | 80 | Provisional filing fee | |

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | | Extra Claims | | Fee from below | | Fee Paid | |
|--------------|--|--------------|--|----------------|--|----------|--|
| | | | | | | | |
| Independent | | -20** | | X | | | |
| Multiple | | -3** | | X | | | |
| Dependent | | | | X | | | |

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|--|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 |
| 104 | 260 | 204 | 140 | Multiple dependent claim, if not paid |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 400 | 216 | 200 | Extension for reply within second month | |
| 117 | 920 | 217 | 460 | Extension for reply within third month | 920 |
| 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | |
| 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | |
| 119 | 320 | 219 | 160 | Notice of Appeal | |
| 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | |
| 121 | 280 | 221 | 140 | Request for oral hearing | |
| 136 | 1,510 | 136 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | |
| 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | |
| 143 | 480 | 243 | 240 | Design issue fee | |
| 144 | 620 | 244 | 310 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 180 | 126 | 180 | Submission of Information Disclosure Sheet | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | |
| 189 | 900 | 189 | 900 | Request for expedited examination of a design application | |

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$920)

SUBMITTED BY**Complete if applicable**

| | | | | | |
|-------------------|------------------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Jean M. Lockyer, Ph.D. | Registration No. (Attorney/Agent) | 44,879 | Telephone | 415-578-0200 |
| Signature | | | | Date | 8/18/02 |

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PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

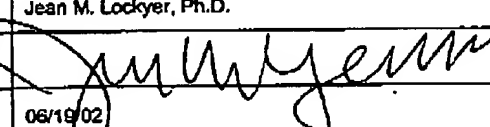
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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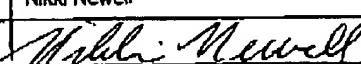
| | | | |
|--|----------------------|------------------------|-----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/380,337 | |
| | Filing Date | March 6, 2000 | |
| | First Named Inventor | Chandrasekharappa | |
| | Group Art Unit | 1642 | |
| | Examiner Name | Hunt, Jennifer | |
| Total Number of Pages in This Submission | 23 | Attorney Docket Number | 015280-315100US |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request See Fee Transmittal <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard |
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------------------|---|-----------------|
| Firm and Individual name | Townsend and Townsend and Crew LLP | |
| | Jean M. Lockyer, Ph.D. | Reg. No. 44,879 |
| Signature |  | |
| Date | 06/19/02 | |

CERTIFICATE OF MAILING

| | | |
|--|---|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: | | |
| 06/19/02 | | |
| Typed or printed name | Nikki Newell | |
| Signature |  | Date 06/19/02 |

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